

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>mg</i>		6/1/00
O.I.P.E. CLASSIFIER		49	6/23/00
FORMALITY REVIEW	<i>ll</i>	823	8/4/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	7	10	3
2	10	14	26
3	03	03	04
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
10	✓	✓	✓
11	✓	✓	✓
12	✓	✓	✓
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41	✓	✓	✓
42	✓	✓	✓
43	✓	✓	✓
44	✓	✓	✓
45	N	N	N
46	✓	✓	✓
47	✓	✓	✓
48	✓	✓	✓
49	✓	✓	✓
50	✓	✓	✓

Claim	Final	Original	Date
51	7	10	3
52	10	14	26
53	03	03	04
54	✓	✓	✓
55	✓	✓	✓
56	✓	✓	✓
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58	✓	✓	✓
59	✓	✓	✓
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61	✓	✓	✓
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97	✓	✓	✓
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100	✓	✓	✓

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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